

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	15 March 2018
Title:	Integrated and Improved Better Care Fund Update
Report From:	Director of Adults' Health and Care

Contact name: Karen Ashton / Zara Hyde-Peters

Tel: 01962 845612
01256 705507

Email: karen.ashton@hants.gov.uk
zara.hyde-peters@nhs.net

1. Recommendations

- 1.1 Note the current position with regard to the Better Care Fund and improved Better care Fund policy.
- 1.2 Note the approach to the application of the IBCF.
- 1.3 Note that a Deed of Variation to the current Section 75 agreement was executed so that Hampshire meets expected National Conditions for a jointly agreed plan.

2. Executive Summary

- 2.1. The purpose of this paper is to provide a briefing on the latest position relating to the Integration and Better Care Fund 2017 – 2019 and the Improved Better Care Fund 2017 – 2019.
- 2.2. This paper seeks to:
 - set out the background
 - update on 2017 - 18 investment plan
 - identify key issues

3. Contextual information

- 3.1 As previously reported the national policy for integration of health and social care delivery remains a national priority supported financially through the Integration and Better Care Fund and improved Better Care Fund (iBCF) announced in the spring budget in 2017. This announcement of an additional £2 billion for adult social care over three years is to target the financial implications of social care pressures¹ in the following areas:
 - Meet adult social care needs

¹ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

- Reduce pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
 - Ensure that the local care provider market is supported
- 3.2. The additional grant came with a number of conditions, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface. The grant was pooled into the Better Care Fund, to support a continuing agreement with the local NHS.
- 3.3. The Department of Health and Social Care (DH) have developed a set of metrics – including, but broader than, Delayed Transfers of Care – to assess patient flow across the NHS and social care interface.
- 3.4. These metrics are being considered in the current Care Quality Commission (CQC) system review for which Hampshire is one of 20 targeted areas, focusing on the interface of health and social care. The review does not cover wider council or full extent of social care commissioning. The outcome will support system leaders by providing a tailored response to support rapid improvement.
- 3.5 In addition Hampshire partners² have been offered and accepted support funded and commissioning jointly by the BCF national team, The LGA, NHS England NHS Improvement and provided by Newton Europe. This support is being delivered in parallel with the CQC review. Newton Europe will use their considerable experience and expertise to gather local insight and evidence into the root causes of current delayed transfers of care performance. The outcome will therefore provide the underpinning evidence for future focus and together partners will be able to develop plans to deliver optimum performance for next winter and beyond. The onsite diagnostic work is due to begin on 19th March.
- 3.6 In the longer term, the Government is committed to publishing a Green Paper explaining proposals for establishing a fair and more sustainable basis for funding adult social care, in the face of the future financial and demographic challenges the country faces.

4. Update on progress for agreeing an investment plan

- 4.1. All five Clinical Commissioning Groups (CCGs) and Hampshire County Council (the Council) agreed the core BCF and IBCF for 2017 – 2019 in 2017. The approach matched policy guidance for the core BCF to include 1.79% inflation in 2017/18 CCG allocations and 1.9% inflation in 2018/19. This resource is committed to contracted services, contributing some services included in the out of hospital care model including commissioned community health services and core social care.
- 4.2. For the IBCF, the Council circulated a briefing note in April 2017 that confirmed the funding will be added to existing spending plans to ensure it reaches the frontline quickly and intentions to spread the additional investment across the designated three areas of:
- meeting adult social care needs

² Initially covering the populations relating to North Hampshire and West Hampshire CCGs, University Hospital NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust

- reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready
- stabilising the social care provider market

4.3. All investments have taken account of the short-term nature allocations and spending plans for 2018/19 and 2019/20 will reflect the reducing levels of additional support being provided. Plans take account of discussions in the four Accident & Emergency (A&E) Boards at local system level and discussion with nominated CCG leads. A number of principles were applied to the final deployment of funds:

- The funding decisions will be signed off by the Council as per the guidance and subject to separate assurance (as per national guidance)
- The funds will be directed at delivery of social care, including social care for the benefit of health
- The distribution of funds between the three categories of spend is fixed, the application of funds within each category, particularly in respect of the support for the NHS is flexible to target resources accordingly
- The measurement of delivery is determined by the (former) DCLG requirements i.e. number and hours of domiciliary care packages, number of residential placements

4.4 A partnership approach applied to the distribution of funds within the category of support for the NHS.

5. Finance

5.1 As previously reported £22,066,423 of the anticipated core BCF value for 2017/18 (£87,213,539) including £1,533,670 (1.79%) inflation is allocated to social care. A further £10m, is designated to fund Disabled Facilities Grants (DFGs) and allocated centrally to Housing Authorities. For Hampshire Districts and Boroughs Table 1 sets out the distribution. The remaining £54,452,947 will contribute to NHS commissioned community health services. The delayed technical guidance will confirm these financial assumptions.

Funding for the Better Care Fund 2016-17			
Local Authority	Disabilities Facilities Grant	Council	BCF contributions to District Councils for DFG
Hampshire	£10,694,169	Basingstoke & Deane	£1,170,322
		East Hampshire	£1,264,549
		Eastleigh	£989,455
		Fareham	£646,280
		Gosport	£677,493
		Hart	£627,025
		Havant	£1,495,231
		New Forest	£971,750
		Rushmoor	£899,653
		Test Valley	£1,030,556
		Winchester	£921,855

Table 1: Distribution of DFG allocation across Hampshire Housing Authorities

5.2 As part of the Spring Budget £2 billion³ of additional IBCF funding announced by the Chancellor equated to £37.1 million for Hampshire over three years, to be pooled alongside the core BCF. Table 2 below the allocation each year

Table 2: Allocation on IBCF 2017 - 2020

Local Authority	2017-18 Additional funding for adult social care announced at Budget 2017	2018-19 Additional funding for adult social care announced at Budget 2017	2019-20 Additional funding for adult social care announced at Budget 2017
Hampshire	17,010,142	13,437,051	6,697,875
Neighbouring Local Authority allocations:			
Isle of Wight	3,254,171	2,175,088	1,081,256
Portsmouth	3,997,256	2,537,715	1,258,181
Southampton	4,981,651	3,161,704	1,567,547
Total HIOW	29,243,220	21,311,558	10,604,859

5.3 Whilst additional IBCF temporary funding has provided a three year window for stabilising existing provision and for targeted investment to relieve system pressures has been is welcome, it does not negate the underlying intense financial pressure and constraint within the social care system.

5.4 The short term funding has been added to existing spending plans, allocated in the three specific areas outlined above. All investments take account of the short-term allocations, shown above, and spending plans for 2018/19 and 2019/20 reflects the reducing levels of additional support being provided. The detail of proposals was agreed with CCG partners. Appendix A. sets out summary for 2017/18.

5.5 The approach in each local system has built on the work already being undertaken collectively across the NHS and Local Authority to improve the way people enter, move through, and are discharged from the county's hospitals taking account of recognised best practice outlines in the High Impact Changes⁴. This includes investing in the social care elements, on an "invest to save" basis, to develop / maintain schemes across Hampshire that both improve outcomes:

5.6 The investment has been monitored through a return to the (former) DCLG signed off by the Hampshire County Council Section 151 officer (Carolyn Williamson - Director of Corporate Resources).

5.7 As part of the [Autumn Budget announcement](#) in November 2017, the Government announced that an additional £42 million of funding would be provided for the Disabled Facilities Grant (DFG), increasing the total annual DFG budget in 2017/18 to £473 million. This additional and complementary grant was transferred directly to lower-tier Local Authorities by the former DCLG. Whilst this additional funding replicates the purpose and flexibilities of the existing DFG that sits within outdated housing legislation, Local Authorities were encouraged to use the funding innovatively by working with others across health and social care.

³ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

⁴ <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

6. Performance

6.1. Both the core BCF and the IBCF require demonstration of national conditions and success being measured by nationally determined metrics. For the core BCF these national conditions for 2017 - 2019 are:

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care

6.2 For IBCF Councils have been required to submit quarterly returns signed off by the Local Authority Section 151 Officers (as with the precept), and subject to the following grant conditions:

- The grant can only be used for meeting adult social care needs, reducing pressures on the NGS, including supporting people to be discharged from hospital and supporting the local social care market providers
- The recipient authority must:
 - pool the grant into the local BCF unless the authority has written Ministerial exemption.
 - work with relevant CCGs and providers to meet National Condition 4 (managing transfers of care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017 – 2019; and
 - Provide quarterly reports to the Secretary of State

6.3 Performance metrics for the core BCF were reduced in 2017/18 to cover:

- Delayed transfers of care;
- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; and
- Effectiveness of re-ablement

6.4 Performance for the IBCF for the first quarter was measured on:

- Number of packages of care
- Hours of domiciliary care
- Numbers of residential placement

6.5 In the second quarter iBCF areas were asked to add additional local measures. The Hampshire measures selected relate to our transformation programme:

- Total number of clients receiving permanent residential or nursing care, aged 65 or over
- Total number of clients receiving permanent residential or nursing care, aged under 65
- Percentage of clients accessing reablement as their first service on discharge from hospital.
- Percentage of clients supported by services that help them to live at home
- Percentage of clients living at home following a reablement service
- Percentage of clients surveyed stating that the services they received made them feel safer.
- Number of eligible clients supported to live at home with telecare services

- Number of clients with a learning disability in supported accommodation

6.6 Both the BCF and iBCF schemes are monitored quarterly. The last Q3 returns submitted in January 2018 via NHS England and the DCLG.

7. Legal Implications – Section 75 Agreements

7.1 It is a requirement for local authorities and CCGs to establish one or more pooled funds for delivery of the schemes activity. An existing Section 75 agreement has been amended via a Deed of Variation to reflect agreements.

8. Key Issues

8.1. The most pressing issue for the system continues to relate to our ability to synchronise the overall approach across Hampshire and that this approach supports the collaborative delivery of the wider system vision.

8.2. Whilst we developed our approach on the basis of “steady state” during an initial absence of the technical planning guidance that to some extent created a planning hiatus, further changes have occurred in year at a national government level. The impact to future reporting for the iBCF of social care being incorporated within the DH is unknown at this stage.

9. Future direction and next steps.

9.1. The Government has committed to publishing a Green Paper explaining proposals for establishing a fair and more sustainable basis to put funding adult social care on a more secure footing, in the face of the future financial and demographic challenges.

9.2. It is clear that integration of health and social care remains a high priority. The core BCF and iBCF are components of the Sustainability and Transformation Programme relating to New Models of Care.

9.3. System partners continue to work together through the joint commissioning discussions to understand both the use and the benefits for local people and organisations are understood in the face of an even more challenging financial landscape.

Appendix A

IBCF 2017 - 20										
Allocation	2017/18 £17.0m 2018/19 £13.4m 2019/20 £ 6.7m									
Local systems CCG per capita proportion agreed 14-15 - for information only	2017/18	2018/19	2019/20	Total £	F&G 15%	SE 16%	N 16%	NE 12%	W 41%	
	£	£	£	£	£	£	£	£	£	
Meeting Adult Social Care Needs										
Learning Disability - meeting new emergent cost on national living wage sleep in rates. (Estimate Ref JH)	1,300,000	1,500,000	1,700,000	4,500,000						
Adult Mental Health - Crisis intervention	500,000	500,000		1,000,000						
Prevention & demand management initiatives.(Ref GS 28 04 17)	750,000	TBC	TBC	750,000						
Social Care Transformation: (Ref GS 28 04 17)	1,600,000	TBC	TBC	1,600,000						
Integrated working with SHFT: (Ref GS 28 04 17)	TBC	TBC	TBC	0						
Digital improvement and implementation (Ref GA 15/05/17)	1,000,000	1,500,000	1,500,000	4,000,000						
Total Meeting Social Care Needs	5,150,000	3,500,000	3,200,000	11,850,000	1,775,500	1,898,000	1,898,000	1,422,000	4,856,500	
Stabilise the social care provider market										
Carer Support - three phase programme for providers.(Ref NG 01 06 17)	150,000	150,000	150,000	450,000						
Learning Disability - least restrictive practice - increasing provider capability	750,000	1,500,000	0	2,250,000						
Existing demand and price pressure in care market (Ref PA 14/06/17)	4,570,000	3,250,000	2,200,000	10,020,000						
Additional equipment in house residential homes(Ref email KD 06/06/17)	20,000		0	20,000						
			0	0						
Total Stabilise the social care provider market	5,490,000	4,900,000	2,350,000	12,740,000	1,917,500	2,044,600	2,044,600	1,465,200	5,268,100	
Reduce pressures on the NHS										
Early Discharge Planning										
Additional short term beds @ HHFT site. Estimated cost	1,000,000			1,000,000						
HCC additional non-chargeable short term beds. Estimated cost	0	1,000,000		1,000,000						
Joint initiatives within the FPH	300,000	300,000	300,000	900,000						
Fully implement whole system approach to Acute & Community Hospitals (Ref Email GA 18/05/17)	70,000			70,000						
RBCH interim care team (Ref Email DB 24/05/17)	200,000			200,000						
Total	1,570,000	1,300,000	300,000	3,170,000						
Systems to Monitor Patient Flow										
SC investment - joint admission prevention scheme - county wide time (Ref KJ & IC)	1,150,000	2,600,000		3,750,000						
Bluebird Care / JET short term (Ref KJ/KA 09/06/17)	150,000			150,000						
Total	1,300,000	2,600,000	0	3,900,000						
Multi-disciplinary / Discharge Teams										
Increase system capacity for SE Hants (Ref GA 15/05/2017)	150,000	150,000		300,000						
System response to Medically Fit For Discharge Details TBC (Ref GA 31/05/17)	350,000	350,000	350,000	1,050,000						
Total	500,000	500,000	350,000	1,350,000						
Home First / Discharge to Assess										
TEC - expansion and implementation. (ref GS 28 04 17)	TBC	TBC	TBC	0						
Re-ablement hubs: assess feasibility studies and business case development.(Ref GS 280417)	TBC	TBC	TBC	0						
CRT enhancement - transitional care team (Ref Discussed at A&E Board 4 May 2017)	500,000	500,000	500,000	1,500,000						
Seasonal pressures - higher cost care (Ref GA / DC May 2017)	1,500,000			1,500,000						
Total	2,000,000	500,000	500,000	3,000,000						
Seven Day Service										
Embedding improvement in hospital team model - HCC (Ref GA 31/05/17)	100,000	100,000	0	200,000						
Total	100,000	100,000	0	200,000						
Trusted Assessor										
Embedding improvement in hospital team model (Ref GA 31/05/17)	150,000	0	0	150,000						
CHC: Support for day 29 Refunds Guidance implementation (Ref Mtg 05 05 17)	250,000	0	0	250,000						
Total	400,000	0	0	400,000						
Focus on Choice										
				0						
Total	0	0	0	0						
Enhancing Health in Care Homes										
Dementia care	500,000			500,000						
Total	500,000	0	0	500,000						
Total Reduce Pressures on the NHS	6,370,000	5,000,000	1,150,000	12,520,000	969,000	2,396,000	3,046,000	1,662,000	4,447,000	
TOTAL SPEND PROPOSED	17,010,000	13,400,000	6,700,000	37,110,000	4,662,000	6,338,600	6,988,600	4,549,200	14,571,600	
Total Allocation	17,010,000	13,400,000	6,700,000	37,110,000						

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

1.2. The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

1.3. Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

1.4. Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.5. Equalities Impact Assessment:

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

2. Impact on Crime and Disorder:

2.1. This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

3. Climate Change:

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.